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CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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SECURITY INFORMATION

25X1A

COUNTRY Bulgaria

REPORT NO.

SUBJECT Military Medical Organization

DATE DISTR. 3 November 1953

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NO. OF PAGES 4

REQUIREMENT NO.

25X1A

REFERENCES

THE SOURCE EVALUATIONS IN THIS REPORT ARE DEFINITIVE.
THE APPRAISAL OF CONTENT IS TENTATIVE.
(FOR KEY SEE REVERSE)

25X1X

CORRECTION

An Information Report with the above heading, bearing the number was issued on 6 August 1953.

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Para. 2 of this report should be corrected to read as follows: "One medical orderly, Class III, is assigned to each platoon of 30 men. He has the rank of private first class and has received six months of training."

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Front Line

1. Front line military medicine begins with the individual soldier, who is responsible for giving himself first-aid for slight wounds. Each soldier is supplied with a first-aid package, consisting of a bandage with a fixed dermatol pad and a second pad fastened to the bandage with a loop so that its position can be adjusted opposite the dermatol pad. A soldier's companions must assist him in case of more serious injuries.
2. One medical orderly, grade III, is assigned to each platoon of 10 men. He has the rank of private first class and has received approximately nine months of training.

First Medical Point

3. The first medical point is located approximately 100 meters behind the front line. Three platoons share its facilities. Assigned to its staff are one medical orderly, grade II; three stretcher bearers; and one driver for each platoon. The orderly, whose rank is unknown, has received one year of training.
4. If a soldier is incapacitated, the platoon medical orderly is called to administer first-aid and, if necessary, to help remove the wounded man on a stretcher to the first medical point. There his bandages are checked, but they are not removed unless grossly inadequate. The soldier may receive morphium and shock treatment.
5. If the soldier is in danger from his wound, he must be sent immediately to the next point or within an hour in less serious circumstances. He is sent on to the next point on a "horse drag" which can carry two stretcher and two sitting cases.

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Second Medical Point

6. The second medical point is located approximately 100 kilometers behind the front line. Assigned to its staff are a sergeant major; a medical orderly, grade I, trained as a qualified nurse; and six to eight orderlies, grade III, to collect the wounded from three first medical points. The second medical point consists of the following:
 - a. One large tent, capable of holding 12 stretcher cases;
 - b. One small tent for staff and supplies; and
 - c. One horse drag, capable of transporting four cases.
7. Previous treatment is re-checked at the second medical point, and fractured limbs are immobilized with wood or aluminum splints. The wounded may have shock treatment initiated or continued and may remain for several hours, but they are not allowed to be kept overnight.

Third Medical Point

8. The third medical point is located approximately two to three kilometers behind the front line. Its staff consists of the following personnel:
 - a. One doctor;
 - b. Two medical orderlies, grade I; and
 - c. Two medical orderlies, grade III.

This point has several tents for wounded, one field kitchen, and two to three horse drags.

9. The wounded receive the first qualified medical aid and warm food at the third point. The doctor applies ligatures, performs small operations which will make the wounded more comfortable, and gives anti-tetanus injections. Medical history of the wound and treatment, taken from the verbal report of the orderly who first attended the wounded and who accompanies him to this point, is entered in the soldier's record.
10. The doctor decides if the patient will receive regular routine or if he is to be sent for urgent treatment to one of the more distant points. Only in special circumstances are wounded allowed to remain overnight at the third medical point.

Regimental Medical Point

11. The regimental medical point is located from six to eight kilometers behind the front line. Assigned to its staff are three doctors and an unknown number of medical orderlies. The regimental medical point consists of the following:
 - a. Two to three circular tents, one of which is equipped for operating;
 - b. A large kitchen with special personnel; and
 - c. One motorized ambulance.

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12. The doctor in charge receives all patients and places them into categories which are identified from this point on by round, colored cardboard tags. Red denotes slight injuries, blue indicates serious injuries, and yellow indicates infectious cases. It is believed that the tabs vary in color for each army division. Shell and bone splinters are removed under anaesthetic, if this does not involve a major operation. Surgical cases remain overnight, but others are sent on as soon as possible.
13. All cases should reach this point, known as "Evacuation under medical control", within six hours after the medical orderly on the front line has been called.

Division Medical Point

14. The divisional medical point is located from eight to 12 kilometers behind the front line. It has numerous tents, a large and fully-equipped operating theater, and separate tents or buildings for light, serious, infectious, and gas cases.
15. All wounded remain here for several days. Less serious cases receive full surgical treatment and remain for convalescence. They are then sent back to the front line without passing through a base depot. Serious surgical cases remain for approximately three days after operations.

Army Medical Point

16. The army medical point, located 15 to 30 kilometers behind the front line, represents the final stage of the mobile army medical service to travel parallel with the front line. It has complete hospital installations, which are normally set up in requisitioned buildings in a town or village. Wounded receive full treatment, including all specialist work, and remain here until ready to be sent to a depot or to the interior for prolonged convalescence.
17. A special section of the army medical corps goes out before an advance to study hygienic conditions in front line areas. This unit selects buildings and sites for medical units of all levels. Another section sends mobile baths and disinfection units to the front lines. They also collect soiled garments from front line units and issue clean ones.

Military Service

18. Every Bulgarian is liable for three years of military service when he reaches the age of 18, unless he is entitled to deferment as a university student. He is called for a medical examination at the end of his seventeenth year, at which time he may be ordered to undergo treatment to render him fit for service one year later. Such treatment may include operations for hernia, appendicitis, and orthopedics, dental work, preventive tuberculosis treatment, and treatment for acute ulcers. This work is done at private clinics and hospitals, and it has absolute priority.
19. Recruits with completely healed tubercular lesions are accepted if blood and sputum tests are negative. Recruits with heart cases (juvenile rheumatism), if compensated, are accepted. Recruits with slight deformities, poor sight, or flat feet are accepted for administrative duties only. Recruits with acute ulcers are rejected.

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20. Doctors receive six-week courses in military medicine, although courses have been shortened to four weeks on occasion when the weather was bad. Courses are held throughout the summer at special camps. Instruction is theoretical, covering organization and therapeutic methods. No exercises are performed, and there is a minimum of practical work and demonstration.

Medical Profession and the Regime

21. The medical profession in general is not popular with the regime, since the latter finds it difficult to control to what extent a doctor received private patients and what his income is from this source. The government tries to balance this by setting fees for doctors at a lower level than those for other professional men in equivalent positions.
22. The doctors claim that such discrimination forces them to accept private patients after hours and that the time allowed at clinics to examine patients is insufficient. This leads to superficial work, with the result that patients who desire proper care must come after official hours. So much tension has grown from this situation that few doctors are Party members. Their colleagues view them with suspicion, declaring that a doctor will join the Party only if he has no other way of advancing.
23. Highly-placed Party members work at the former private hospital in Sofia, which is now reserved for Party dignitaries and their families.

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